



## Kansas Propane Safety and Licensing

### Class 7 – Self-Serve LPG Dispensing License \$50 Per Location

Permits the holder to dispense LP gas

Name of Applicant:		Social Security Number:	
Full Company Name: (include DBA)			
Business Street Address: Street/City/State/Zip			
Business Mailing Address: (if different from above)			
Business Telephone:	(     )	Federal ID Number:	

I have been employed for the above company \_\_\_\_\_ years. I have \_\_\_\_\_ years experience with LP Gas.

My primary job duties are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company Name:			
Policy Number		Expiration Date:	

*Read and initial the following:*

	I have read the Kansas statutes and rules that regulate this license and will abide by them.
	I agree that all DOT cylinders, 300 lbs. or less, will be filled by weight, unless exempt by NFPA-58, and I will not fill any unsafe or illegal DOT cylinder and/or motor fuel containers.
	I understand that this license does not allow installation of LP Gas equipment and appliances.
	I (license holder) attended the safety school required by Kansas law.

***A license will not be issued unless all above questions are answered.***

DO NOT WRITE IN SPACE BELOW							
License No.		Expiration Date:		Date Issued:		Processed by:	

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Kansas State Fire Marshal or K.S.A. \_\_\_\_\_ shall be cause for suspension or revocation of the license held.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Kansas State Fire Marshal's Office  
700 SW Jackson St, Suite 600  
Topeka KS 66603-3714

Phone: (785) 296-3401  
Fax: (785) 296-0151

*Include check payable to:* Kansas State Fire Marshal's Office

(Note: This app needs to include training requirement verification.)